

NOTICE OF ACTION

Continued

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

You reported the following income for the quarter.

Month _____ Month _____ Month _____

Monthly Cash Aid Amount for the Period _____ through _____

Section A. Countable Income

Total Self-Employment Income \$ _____

Self-Employment Expenses:

a. 40% Standard - _____

OR

b. Actual - _____

Net Earnings from Self-Employment = _____

Total Disability-Based Unearned Income

(Assistance Unit + Non-Assistance Unit Members) \$ _____

\$225 Disregard - _____

Nonexempt Unearned Disability-Based Income = _____

OR

Unused Amount of \$225 Disregard = _____

Total Earned Income \$ _____

Net Earnings from Self-Employment (from above) + _____

Subtotal = _____

Unused Amount of \$225 Disregard (from above) - _____

Subtotal = _____

Earned Income Disregard 50% - _____

Subtotal = _____

Nonexempt Unearned Disability-Based Income
(from above). + _____Other Nonexempt Income (Assistance Unit + Non-
Assistance Unit Members) + _____**Net Countable Income** = _____**Section B. Your Cash Aid**1. Maximum Aid _____ Persons
(Assistance Unit + Non-Assistance Unit Members) .. \$ _____2. Special Needs (Assistance Unit + Non-Assistant
Unit Members) + _____

3. Net Countable Income from Section A - _____

4. Subtotal = _____

5. Maximum Aid _____ Persons (Assistance Unit only)
(Excluding MFG, or Penalized Persons) \$

6. Special Needs (Assistance Unit only) + _____

7. Maximum Aid Subtotal = _____

8. **Full Month Aid Subtotal for the Period**
(Lowest Amount on Line 4 or 7) =

9. Line 8 Prorated for Part of Month = _____

10. Adjustments: 25% Child Support Penalty(ies) - _____
Overpayment - _____
Cal-Learn Penalty(ies) - _____
Cal-Learn Bonus + _____11. **Monthly Cash Aid Amount for the Period**
(Line 8 or 9 Adjusted) = _____12. Current Cash Aid Amount (If This Amount Is more
Than #11, Your Cash Aid Will Not Change) = _____